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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or wilholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for prohiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

A	CCI	DE	MT.	STA	TEN	ENT
-		-				

Date Of Report

09/04/2020 12:04

Date Of Accident

10/03/2020 20:30

Exact Location Of Accident

ALONG CAVENAGH ROAD

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

FL7296H

Insured/Policyholder

Name Of Registered Owner

CHEONG JUN WEN, MARK

NRIC No

SXXXX391B

Email Address

ULRICHCHIA@GMAIL.COM

Mobile Phone No

(LOCAL) +65-90043737

Alternative Phone No

OTHERS-92961773

Vehicle Particulars

Manufacturer

HONDA

Model

CG125-125CC (M)

Exact Purpose for which vehicle was being used at

time of accident

TRANSPORT FROM OFFICE FROM HOME

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

MOTORCYCLE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

THIRD PARTY

Fleet Policy

NO

Policy Number

5063780740-05

Cover Note Number

Driver

Name of Driver

CHIA BO SHENG, ULRICH

NRIC No Date Of Birth

SXXXX816I

Occupation

21/12/1990 INDOOR

Date Of Driving Pass Driving Experience

27/11/2015

ASSESSMENT HAVE AND SELECTION OF SELECTION O

4 YEARS AND 3 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-90043737

Fax Number

Contact Number

OTHERS-92961773

EMail Address

ULRICHCHIA@GMAIL.COM

Address

91 BUKIT WAY

Postcode

587777

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

FRIEND

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident

COLLISION - HEAD ON COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

YES

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

I have been approached by unknown person(s soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver)

171037

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200317/7005

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SFD9969D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 25

DETAILS OF INJURED PERSON 1

Name

CHIA BO SHENG, ULRICH

Approximate Age

Injuries Sustain

SERIOUS INJURY

Injured person in which vehicle?

FL7296H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and accurate as <u>possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, involces, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 7

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne's

Name:

NRIC/FIN No.:

	CAVENAGH ROT	AD	
	DBO.		
		A) FL 7296 H	
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT [condo]	B) SFD 9969D	
	(Balmon)	crescent)	
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Polick RHPORT	7/20200317/7005		
DECLARATION I/We declare the foregoing particulars	are true in every respect.	m 13/04/2020	
PolicyHolder's Signature 7/4/20 Date & Time: 113067	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnell's Signature Name: NRIC/FIN No.:	03

ACCIDENT STATEMENT

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email = uleicht attiA @gmail com.





1 of 3 Report No. T/20200317/7005

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TI	RAFFIC ACCIDENT
Dato/Time Re	oort Made:

Assistant Architect

Station Diary No.: Vide Report No.: 17/03/2020 10:59 Informant's Particulars Address: Name of Informant: 2A BALMORAL CRESCENT #01-2A SINGAPORE 259884 CHIA BO SHENG, ULRICH Contact No.: ID Type / ID No.: Mobile: 92961773 Home/Office: NRIC NO / S90498161 Email: Nationality: ulrichchia@gmail.com SINGAPÓRE CITIZEN Type of Informant: Rider Date of Birth: Age: 29 Sex: 21/12/1990 Male Institution / School Name: Language: Race: English Chinese Driving Licence Information: Occupation: Date of Expiry:

Class: 2B

Seneral Inform	mation of the Accident			True of Location	
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/03/2020 20:20	Type of Location	
Location: CAVENAGH	ROAD				
Weather:		Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collis	sion:			Anyone conveyed by ambulance: Yes	

Details of V	ehicle Involve	d				Helic Valor de la
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FL7296H	Motorcycle					0

Details of Person Involved	
Any Pedestrian Involved: No	- NA
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20200317/7005

2 of 3

Report No. T/20200317/7005

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Rider							
Name	CHIA BO SHENG, ULRICH			ID No.		S9049816I	
Related Vehicle	FL7296H (Motorcyc	le)		Conta	ct No.	92961773	
Hospital/Clinic	MOUNT ELIZABETH HOSPITAL		Class Drivin Licend Expin	g	Class: 2B Date of Expiry: NIL		
Date Treatment	12/03/2020		Date Disc	charge		3/2020	
No. of Days gran	ted Medical Leave	30	Degree o	of Injury	Serio	us	

Brief Details.

It was 10th March 2020, 8.20pm. I was on my way home (2 Balmoral Crescent) from work (HYLA Architects).

I was riding along Cavenagh road when all of a sudden a car from the opposite direction crossed into my direction of passage as it turned into a condominium.

My motorcycle collided into the side of the car as a result.





3 of 3

Report No. T/20200317/7005

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

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Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/03/2020 10:59
Officer In Charge Of Case: TP / TPIB / CHONG GUAN FATT Contact No.: 65476083	Classification Of Case:

Authentication Stamp

NP168

Claim Handling											
Trilling No.	3943796740-89	Vehicle No.	F(2)(4(4)		DOT New	Markinson (K)					
Miculaider Name	College and page 14 and										
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Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY MOTOR VEHICLES (THIRD PARTY	RISKS AND COMPENSATI	ON) ACT (CHAPTER 189)				
ROAD TRANSPORT ACT, 1987 (N		DMI KOLEZ, TABO	X.			
MOTOR VEHICLES (THIRD PARTY	in the Social newson.	AYSIA				
Certificate Number : 5063780		Cover : Third Party	1000			
1. Index mark and Registration	Number of Vehicle	: FL7296H				
Chassis Number		: CG1251702747				
Name of Policyholder		: CHEONG JUN WEN, MARK				
 Effective Date of Insurance 		: 10 Jan 2019				
 Expiry Date of Insurance 		: 09 Jun 2020				
Persons or Classes of Persons	entitled to drive#					
(a) Named Driver(s) Only.						
the Motor Vehicle or has	been so permitted and is	cordance with the licensing or other laws not disqualified by order of a Court of Lav	or regulations to drive v or by reason of any			
Limitations as to Use#	in that behalf from driving	the wotor Vehicle.				
	nd pleasure purposes and	in connection with the Policyholder's bus	2 2 3			
This Policy does not cover	o premiure purposes and	in connection with the Policyholder's bus	iness or profession.			
(a) Use for hire or reward.						
(b) Use for racing, pace-mak	ing, reliability trial or spee	d-testing.				
(c) Use for the carriage of gr	(c) Use for the carriage of goods (other than samples) in connection with any trade or business.					
(d) Use for any purpose in co	onnection with the Motor	Trade				
XCESS (SECTION 1)	: N/A					
XCESS (SECTION 2)	: N/A					
NSURE WITH COE	: N/A					
NAMED DRIVER (1)		V WEN MARK				
IAMED DRIVER (2)	: CHIA BO SHE	NG ULRICH				
HIRE PURCHASE COMPANY	: N/A					
UM INSURED	: N/A					
/We hereby Certify that the Polic /ehicles (Third Party Risks and Co	y to which this Certificate mpensation) Act (Chapter	relates is issued in accordance with the pr 189) and Part IV of the Road Transport Ac	ovisions of the Motor ct, 1987 (Malaysia)			
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